



**LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**Environmental Assistance Division-Compliance Assistance Section**  
**P.O. Box 4313, Baton Rouge, LA 70821-4313**

**CERTIFICATION OF NO HAZARDOUS WASTE ACTIVITY FORM**

I certify, under penalty of law, that the facility named below does not presently generate, store, treat, transport, or dispose of hazardous wastes, as defined in the Louisiana Hazardous Waste Regulations. I certify that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

**TYPE OF CHANGE RESULTING IN NO HAZARDOUS WASTE ACTIVITY:**

(Complete all items that apply)

- ☐ Facility has no hazardous waste present at site.
- ☐ Facility is out of business. Date business closed: \_\_\_\_\_
- ☐ Facility no longer offers services which generate, store, treat, transport, or dispose of hazardous wastes. Date service discontinued: \_\_\_\_\_
- ☐ Facility has moved to a new location. Date of move: \_\_\_\_\_  
Physical address of new location: \_\_\_\_\_
- ☐ Other (please specify): \_\_\_\_\_

**PLEASE INDICATE FOR THE FACILITY REQUESTING CERTIFICATION:**

(All items must be completed)

Facility Name: \_\_\_\_\_

EPA Identification Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

GEN \_\_\_\_\_ TRANS \_\_\_\_\_ TSD \_\_\_\_\_ B/B \_\_\_\_\_ OTHER \_\_\_\_\_